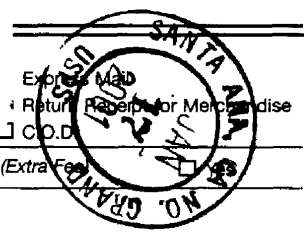


ORIGINAL

2037-PAA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <u>EVA Flanderka</u> B. Date of Delivery _____</p> <p>C. Signature <u>X 001343-TI</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>Direct One of California, Inc. Anthony C. Brown 1820 East First Street, Suite 440 Santa Ana CA 92705-4026</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No address below: _____</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Article Number (Copy from service label) <u>7000 0600 0026 4144 4093</u></p>



PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- APP _____
- CAF _____
- CM.P _____
- CO. _____
- CTR _____
- EOR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC T _____
- SER _____
- OTH _____

00914-01
 1-22-01